

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042803

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

11

Primary Registration District No.

5053

Registrar's No.

82

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Shell Knob Twp.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Table Rock Lake

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Lawrence

c. CITY

OR
TOWN Mt Vernon

d. STREET

ADDRESS
540 King

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First DANIEL

Middle ARTHUR

Last WALKER

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/7/23

9. AGE (last birthday)

40

10. IF UNDER 1 YEAR

Months Days

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hiway patrol

10b. KIND OF BUSINESS OR INDUSTRY

Trooper

11. BIRTHPLACE (City and state or country)

Omaha, Neb.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ora Walker

13b. MOTHER'S MAIDEN NAME

Clara Schheaur

14. NAME OF HUSBAND OR WIFE

Rosemary Pugh Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW 2

16. SOCIAL SECURITY NO.

yes

17. INFORMANT

Rosemary Walker. 540 King, Mt. Vernon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Drowning

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

apparently jumped from bridge into lake

20c. TIME OF INJURY

Hour 5:25
min. 11/17/63
p.m.

and was found 11/29/63

20d. INJURY OCCURRED

WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Table Rock Lake

20f. CITY, TOWN, OR LOCATION

Near Shell Knob Barry

COUNTY

Mo.

STATE

21. I attended the deceased from

Coroners Case

and last saw him alive on

Death occurred at about 5:30 p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dyle E. Williams coroner

(Degree or title)

22b. ADDRESS

Cassville, Mo.

22c. DATE SIGNED

11/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

11/30/63

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Charthage, Mo.

(State)

24. FUNERAL DIRECTOR

Max L. Fossett, Mt. Vernon, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Nov 30-63

26. REGISTRAR'S SIGNATURE

Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DEC 10 1963

DEC 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

May L. Larnett

Licensed Embalmer No. 4252

P. O. Address Monterey, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial permit obtained Nov-30-1963
K.W.